



LWS Test Report

Lincoln Water System
2021 N. 27th
Lincoln, NE 68503
Phone# 441-5929
Fax# 441-8493



1. Fill out the test report completely, write legible and in ink
2. Test reports can be picked up at our office.
3. Start at top with the: **Service Address, Contact Person, Phone#.**
4. Manufacturer, Model#, Serial#, Assembly Type, Use (DCV, PVB, RP), Size of Assembly. (If a test fails, write in repairs made to the assembly. 'Example-Rebuilt assembly.' We want parts used, removed, passed and failed reports.)
5. **Location of the assembly is very important. BE SPECIFIC.** (Example-Boiler room NE Corner, Basement-Room 117.)
6. On Replacement Assemblies, write down existing serial# and complete new assembly information.
7. Review where to write the readings on the test report. The readings need to fall within the test procedure's guidelines. **(LWS manually reads the reports before we enter them into our computer. LWS personnel will not adjust your readings, you will be asked to review your records, or retest the assembly in the event that you transferred the wrong readings).** Do not forget to mark the box that applies to what the assembly supplies.
8. **A)** Print your Name **B)** Sign Test Report **C)** Your Grade VI Certification# **D)** Your LWS Registration# **E)** Date Tested **F)** Signature from Customer, Guard, Secretary, etc.
9. **Test Reports** will require gauge serial#, date gauge was calibrated and checked, and name of company that certified your gauge.
10. Report must be returned within 30 days of test.
11. Two copies of your reports: White Copy-sent to Lincoln Water System, Yellow Copy-keep for your records.
12. Do not hesitate to call; we will supply you with the number of assemblies in a building, their location, serial number, etc.

***If you suspect a cross-connection, call us immediately, and we will investigate.**



Lincoln Water System Backflow Preventer Unscheduled Maintenance Test Form



Service Address _____
Contact Person _____
Phone Number _____

☐ Test Completed
☐ Test Failed
☐ Retest After Repair

| | | | | |
|--------------------------------------|-----------------------------------|---|--------------------------------------|---------------------|
| <input type="checkbox"/> Annual Test | <input type="checkbox"/> Relocate | <input type="checkbox"/> New Installation | <input type="checkbox"/> Replacement | New Serial # _____ |
| Manufacturer _____ | | Model Number _____ | Size _____ | Serial Number _____ |

Valve Information

| | | | | | |
|---|--|---|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Domestic Containment | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Fire Service | <input type="checkbox"/> Boiler | <input type="checkbox"/> Carbonator | <input type="checkbox"/> Other (Desc): _____ |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Hospital or Laboratory | | | |

| Check Valve #1 | Check Valve #2 | Pressure Relief Valve | PVB/SVB |
|---------------------|----------------|-----------------------|------------------|
| INITIAL TEST | | | |
| Held at PSID | Held at PSID | Opened at PSID | Air Inlet |
| Leaked | Closed Tight | Did not open | Opened at PSID |
| Cleaned | Leaked | Cleaned | Did not open |
| Replaced: | Cleaned | Replaced: | |
| | Replaced: | | Check Valve |
| | | | Held at PSID |
| | | | Leaked |
| | | | Cleaned |
| | | | Replaced: |
| FINAL TEST | | | |
| | Closed Tight | | Check Valve PSID |
| PSID | PSID | Opened at PSID | Air Inlet PSID |

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability.

Questions - call 441-5929
Please Mail/Fax Form To:
Lincoln Water System
Backflow Prevention Office
2021 N. 27th
Lincoln, NE 68503
Fax # 441-8493

| | | |
|---|-----------------------|---------------------|
| State Certified Technician (please print) | Grade 6 Certificate # | LWS Registration # |
| State Certified Technician (signature) | Customer Signature | Date of Test |
| Test Gauge Manufacturer | Test Gauge Serial # | Date of Calibration |
| | | Calibration Company |

Comments: